


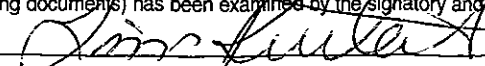
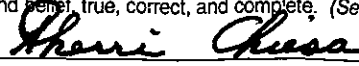
FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | | | |
|--|--|--|--|
|  For Official Use Only | 1. FILE NUMBER 053-357 | 2. PERIOD COVERED MO DAY YEAR From 01 01 2000 Through 12 31 2000 | 3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: |
| | IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8. | | |
| 4. AFFILIATION OR ORGANIZATION NAME Hotel Employees and Restaurant Employees, AFL-CIO | | 8. MAILING ADDRESS (Type or print in capital letters.) First Name Tim Last Name Rutledge P.O. Box • Building and Room Number (if any) Number and Street 213 Billy Creek City Hurst State ZIP Code + 4 TX 76053- | |
| 5. DESIGNATION (Local, Lodge, etc.) Local | 6. DESIGNATION NUMBER 251 | | |
| 7. UNIT NAME (if any) | | | |
| 9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) | | Yes No | |
| 75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) | | | |
| Item Number 14 Audit by HERE International Union | | | |
| Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.) | | | |
| 76. SIGNED:  9 14 101 (817) 284-3608 Date Telephone Number | | 77. SIGNED:  1 1 () - Date Telephone Number | |
| | | TREASURER (If other title, see instructions.) | |

 , President

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | X |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 225

19. What is the date of your organization's next regular election of officers? MO 00 YEAR 0000

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500000

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

| Rates of Dues and Fees | |
|------------------------|---|
| (a) Regular Dues/Fees | \$ 20.60-24.80 per Month (Month, Year, etc.) |
| (b) Initiation Fees | \$ 24.50 |
| (c) Transfer Fees | \$ |
| (d) Work Permits | \$ per (Month, Year, etc.) |

- | | Yes | No |
|--|-----|----|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? (If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | | X |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | | X |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | X |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: —

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

| ASSETS | ASSETS | From SCH # | Start of Reporting Period (A) | End of Reporting Period (B) |
|--------|------------------------------------|------------------|-------------------------------------|-----------------------------------|
| | Item | | | |
| | 25. Cash | | 32 271 | 58 000 |
| | 26. Accounts Receivable | | 0 | 0 |
| | 27. Loans Receivable | 1 | 0 | 0 |
| | 28. U.S. Treasury Securities | | 0 | 0 |
| | 29. Investments | 2 | 0 | 0 |
| | 30. Fixed Assets | 5 | 0 | 0 |
| | 31. Other Assets | 3 | 0 | 0 |
| | 32. TOTAL ASSETS | | 32 271 | 58 000 |

| LIABILITIES | LIABILITIES | From SCH # | Start of Reporting Period (C) | End of Reporting Period (D) |
|-------------|--|------------------|-------------------------------------|-----------------------------------|
| | Item | | | |
| | 33. Accounts Payable | | 0 | 0 |
| | 34. Loans Payable | 8 | 0 | 0 |
| | 35. Mortgages Payable | | 0 | 0 |
| | 36. Other Liabilities | 4 | 0 | 0 |
| | 37. TOTAL LIABILITIES | | 0 | 0 |
| | 38. NET ASSETS (Item 32 less Item 37) | | 32 271 | 58 000 |

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 053-357

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

| CASH RECEIPTS | From SCH # | AMOUNT | CASH DISBURSEMENTS | From SCH # | AMOUNT |
|--|------------------|--------|---|------------------|--------|
| Item | | | Item | | |
| 39. Dues | | 69108 | 56. To Officers | 9 | 0 |
| 40. Per Capita Tax | | 0 | 57. To Employees | 10 | 509 |
| 41. Fees | | 0 | 58. Per Capita Tax | | 32789 |
| 42. Fines | | 0 | 59. Fees, Fines, Assessments, etc. | | 0 |
| 43. Assessments | | 0 | 60. Office & Administrative Expense | 13 | 4379 |
| 44. Work Permits | | 0 | 61. Educational & Publicity Expense ... | | 0 |
| 45. Sale of Supplies | | 0 | 62. Professional Fees | | 0 |
| 46. Interest | | 0 | 63. Benefits | 11 | 0 |
| 47. Dividends | | 0 | 64. Contributions, Gifts & Grants | 12 | 0 |
| 48. Rents | | 0 | 65. Supplies for Resale | | 0 |
| 49. Sale of Investments & Fixed Assets | 6 | 0 | 66. Direct Taxes | | 410 |
| 50. Loans Obtained | 8 | 0 | 67. Withholding Taxes | | 49 |
| 51. Repayments of Loans Made | 1 | 0 | 68. Purchase of Investments & Fixed Assets | 7 | 0 |
| 52. On Behalf of Affiliates for Transmittal to Them | | 0 | 69. Loans Made | 1 | 0 |
| 53. From Members for Disbursement on Their Behalf | | 0 | 70. Repayment of Loans Obtained | 8 | 0 |
| 54. Other Receipts | 14 | 0 | 71. To Affiliates of Funds Collected on Their Behalf | | 0 |
| | | | 72. On Behalf of Individual Members ... | | 0 |
| | | | 73. Other Disbursements | 15 | 5243 |
| 55. TOTAL RECEIPTS | | 69108 | 74. TOTAL DISBURSEMENTS | | 43379 |

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 053-357

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

| List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A) | Loans Outstanding at Start of Period (B) | Loans Made During Period (C) | Repayments Received During Period | | Loans Outstanding at End of Period (E) |
|--|---|---------------------------------|-----------------------------------|---------------------------|---|
| | | | Cash (D)(1) | Other Than Cash (D)(2) | |
| 1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____ | | | | | 0 |
| 2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____ | | | | | 0 |
| 3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____ | | | | | 0 |
| 4. Totals from additional pages (if any) | | | | | 0 |
| 5. Totals of loans not listed above | | | | | 0 |
| 6. Totals of Lines 1 through 5 | 0 | 0 | 0 | 0 | 0 |
| Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> Item 27 Column (A) Item 69 Item 51 Item 75 with Explanation Item 27 Column (B) </div> | | | | | |

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

| Description (A) | Amount (B) |
|---|---------------|
| Marketable Securities | |
| 1. Total Cost | |
| 2. Total Book Value | |
| 3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2. | |
| (a) _____ | |
| (b) _____ | |
| (c) _____ | |
| (d) _____ | |
| Other Investments | |
| 4. Total Cost | |
| 5. Total Book Value | |
| 6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached. | |
| (a) _____ | |
| (b) _____ | |
| (c) _____ | |
| (d) _____ | |
| (e) Total from additional pages (if any) | |
| 7. Total of Lines 2 and 5 | 0 |
| Enter the Total from Line 7 in Item 29, Column (B) | |

FILE NUMBER: 053-357

SCHEDULE 3 — OTHER ASSETS

| Description (A) | Book Value (B) |
|--|-------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. Total from additional pages (if any) | |
| 7. Total of Lines 1 through 6 | 0 |
| Enter the Total from Line 7 in Item 31, Column (B) | |

SCHEDULE 4 — OTHER LIABILITIES

| Description (A) | Amount at End of Period (B) |
|--|-----------------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. Total from additional pages (if any) | |
| 7. Total of Lines 1 through 6 | 0 |
| Enter the Total from Line 7 in Item 36, Column (D) | |

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 053-357

| Description (A) | Cost or Other Basis (B) | Total Depreciation or Amount Expensed (C) | Book Value (D) | Fair Market Value (E) |
|--|-------------------------------|---|----------------------|-----------------------------|
| 1. Land (give location): | | | | |
| 2. Totals from additional pages (if any) | | | | |
| 3. Buildings (give location): | | | | |
| 4. Totals from additional pages (if any) | | | | |
| 5. Automobiles and Other Vehicles | | | | |
| 6. Office Furniture and Equipment | | | | |
| 7. Other Fixed Assets | | | | |
| 8. Totals of Lines 1 through 7 | | | 0 | |
| Enter the Total from Line 8, Column (D) in Item 30, Column (B) | | | | |

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

| Description (if land or buildings, give location) (A) | Cost (B) | Book Value (C) | Gross Sales Price (D) | Amount Received (E) |
|--|-------------|-----------------------|--------------------------|------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. Totals from additional pages (if any) | | | | |
| 6. Totals of Lines 1 through 5 | | | | |
| | | 7. Less Reinvestments | | |
| | | 8. Net Sales | | 0 |
| Enter the Total from Line 8 in Item 49 | | | | |

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 053-357

| Description (if land or buildings, give location) (A) | Cost (B) | Book Value (C) | Cash Paid (D) |
|---|-----------------------|-------------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. Totals from additional pages (if any) | | | |
| 6. Totals of Lines 1 through 5 | | | |
| | 7. Less Reinvestments | | |
| | 8. Net Purchases | | 0 |
| Enter the Total from Line 8 in ↑ Item 68 | | | |

SCHEDULE 8 — LOANS PAYABLE

| Source of Loans Payable at Any Time During the Reporting Period (A) | Loans Owed at Start of Period (B) | Loans Obtained During Period (C) | Repayment Made During Period | | Loans Owed at End of Period (E) |
|---|--------------------------------------|-------------------------------------|------------------------------|---------------------------|------------------------------------|
| | | | Cash (D)(1) | Other Than Cash (D)(2) | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. Totals from additional pages (if any) | | | | | |
| 6. Totals of Lines 1 through 5 | 0 | 0 | 0 | 0 | 0 |
| Enter the Totals from Line 6 in ↑ Item 34 Column (C) ↑ Item 50 ↑ Item 70 ↑ Item 75 with Explanation ↑ Item 34 Column (D) | | | | | |

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 053-357

| (A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small> | | | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|---|----------------|--|---|-------------------|--|-------------------------------|--------------|
| (B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small> | Status (C)* | | | | | | |
| 1. Last Name First Name Title Status | | | | | | | 0 |
| 2. Last Name First Name Title Status | | | | | | | 0 |
| 3. Last Name First Name Title Status | | | | | | | 0 |
| 4. Last Name First Name Title Status | | | | | | | 0 |
| 5. Last Name First Name Title Status | | | | | | | 0 |
| 6. Last Name First Name Title Status | | | | | | | 0 |
| 7. Last Name First Name Title Status | | | | | | | 0 |
| 8. Totals from additional pages (if any) | | | | | | | |
| 9. Totals of Lines 1 through 8 | | | | | | | |
| | | | | | 10. Less Deductions | | |
| Enter the Total from Line 11 in Item 56 ⇨ | | | | | 11. Net Disbursements | | |

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 053-357

| (A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small> | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|--|--|-------------------|--|-------------------------------|---------------------------|
| (B) Position <small>(Enter employee's job title.)</small> | | | | | |
| (C) Name of Affiliated Organization <small>(if applicable)</small> | | | | | |
| 1. Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____ | | | | | 0 |
| 2. Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____ | | | | | 0 |
| 3. Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____ | | | | | 0 |
| 4. Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____ | | | | | 0 |
| 5. Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____ | | | | | 0 |
| 6. Totals from additional pages (if any) | | | | | 0 |
| 7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates | 600.00 | 0 | 0 | 0 | 600.00 |
| 8. Totals of Lines 1 through 7 | 600.00 | 0 | 0 | 0 | 600.00 |
| 9. Less Deductions | | | | | 91 |
| Enter the Total from Line 10 in Item 57 => | | | | | 10. Net Disbursements 509 |

SCHEDULE 11 — BENEFITS

FILE NUMBER: 053-357

| Description (A) | To Whom Paid (B) | Amount (C) |
|---|---------------------|---------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. Total from additional pages (if any) | | |
| 6. Total of Lines 1 through 5 | | 0 |
| Enter the Total from Line 6 | | Item 63 |

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

| Description (A) | Amount (B) |
|---|---------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. Total from additional pages (if any) | |
| 8. Total of Lines 1 through 7 | 0 |
| Enter the Total from Line 8 in | |
| Item 64 | |

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

| Description (A) | Amount (B) |
|---|---------------|
| 1. Supplies | 774 |
| 2. Annual tax return | 26 |
| 3. Postage | 223 |
| 4. Telephone | 3356 |
| 5. | |
| 6. | |
| 7. Total from additional pages (if any) | |
| 8. Total of Lines 1 through 7 | 4379 |
| Enter the Total from Line 8 in | |
| Item 60 | |

SCHEDULE 14 — OTHER RECEIPTS

| Description (A) | Amount (B) |
|---|---------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| 16. Total from additional pages (if any) | |
| 17. Total of Lines 1 through 16 | 0 |
| Enter the Total from Line 17 in Item 54 | |

SCHEDULE 15 — OTHER DISBURSEMENTS

| Description (A) | Amount (B) |
|---|---------------|
| 1. Casual Labor | 170 |
| 2. Christmas Party | 723 |
| 3. Dues Refund | 576 |
| 4. Lost Time-Members | 2033 |
| 5. Meeting Rooms | 1741 |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| 16. Total from additional pages (if any) | |
| 17. Total of Lines 1 through 16 | 5243 |
| Enter the Total from Line 17 in Item 73 | |

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

| (A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small> | | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|---|---------------|---|-------------------|--|-------------------------------|--------------|
| (B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small> | Status (C) | | | | | |
| Last Name _____ First Name _____ | | | | | | |
| Title _____ Status _____ | | | | | | |
| Last Name _____ First Name _____ | | | | | | |
| Title _____ Status _____ | | | | | | |
| Last Name _____ First Name _____ | | | | | | |
| Title _____ Status _____ | | | | | | |
| Last Name _____ First Name _____ | | | | | | |
| Title _____ Status _____ | | | | | | |
| Last Name _____ First Name _____ | | | | | | |
| Title _____ Status _____ | | | | | | |
| Last Name _____ First Name _____ | | | | | | |
| Title _____ Status _____ | | | | | | |
| Totals | | | | | | |

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

| (A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small> | | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|---|---------------|---|-------------------|--|-------------------------------|--------------|
| (B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small> | Status (C) | | | | | |
| Last Name _____ First Name _____ | | | | | | |
| Title _____ Status _____ | | | | | | |
| Last Name _____ First Name _____ | | | | | | |
| Title _____ Status _____ | | | | | | |
| Last Name _____ First Name _____ | | | | | | |
| Title _____ Status _____ | | | | | | |
| Last Name _____ First Name _____ | | | | | | |
| Title _____ Status _____ | | | | | | |
| Last Name _____ First Name _____ | | | | | | |
| Title _____ Status _____ | | | | | | |
| Last Name _____ First Name _____ | | | | | | |
| Title _____ Status _____ | | | | | | |
| Last Name _____ First Name _____ | | | | | | |
| Title _____ Status _____ | | | | | | |
| Totals | | | | | | |

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

| (A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small> | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|---|---|-------------------|--|-------------------------------|--------------|
| (B) Position <small>(Enter employee's job title.)</small> | | | | | |
| (C) Name of Affiliated Organization <small>(if applicable)</small> | | | | | |
| <div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> | | | | | |
| <div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> | | | | | |
| <div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> | | | | | |
| <div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> | | | | | |
| <div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> | | | | | |
| Totals | | | | | |

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

| (A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small> | | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|---|--|---|-------------------|--|-------------------------------|--------------|
| (B) Position <small>(Enter employee's job title.)</small> | | | | | | |
| (C) Name of Affiliated Organization <small>(if applicable)</small> | | | | | | |
| <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> | | | | | | |
| <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> | | | | | | |
| <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> | | | | | | |
| <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> | | | | | | |
| <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> | | | | | | |
| <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> | | | | | | |
| Totals | | | | | | |